

**R01                      Public Sector Costs of Homeless Alcoholics**  
**AA12328**

Greer Sullivan, MD, MSPH

Central Arkansas Veterans Healthcare System; No. Little Rock, AR

Funding Period: July 1999 - December 2001

**BACKGROUND / RATIONALE:**

Homeless persons with alcohol and other drug (AOD) disorders face multiple problems that go beyond their AOD use including extreme poverty, unmet subsistence and housing needs, poor social support, comorbid mental illness, poor physical health, and elevated rates of criminal justice involvement. They thus commonly interact with multiple public sector service agencies in addition to the AOD treatment system. Because these public sector service agencies operate independently of one another, it has been very difficult to obtain an understanding of what this patchwork "system" of care for homeless adults with AOD disorders looks like, how much it costs, the way in which costs are distributed across different agencies, and the extent to which care is coordinated between system sectors to ensure that services are being delivered in an efficient manner.

**OBJECTIVE(S):**

This study will begin filling this gap by providing the first estimates of the extent to which homeless persons with AOD disorders use AOD, mental health, criminal justice, social welfare, and medical services, the costs associated with such use, and the factors that predict use and cost. It will also identify barriers to developing a more coordinated and broader cross-system response to managing the care of homeless adults with AOD disorders.

**METHODS:**

This data set links, at the client-level, (a) survey data collected through face-to-face interviews with a probability sample of 797 homeless adults in Houston and (b) a year of administrative data on their service use and associated costs that were obtained from 11 public sector service systems that together comprise the health, mental health, social service and criminal justice systems of care. Logistic and linear regression analyses were performed on the subset of 326 homeless persons with either alcohol or drug use disorder.

**FINDINGS / RESULTS:**

Among the 326 homeless participants in this study with alcohol or drug use disorders, 27% accessed treatment during the past year. Controlling for additional need factors such as comorbidity and substance use severity, persons having some form of public health insurance and a history of treatment for substance abuse problems had greater odds of receiving at least one night of treatment.

**STATUS:**

Project work is ongoing

**IMPACT:**

The prevalence of past-year alcohol and other drug use disorders indicates substantial need for treatment indicates substantial need for treatment among homeless persons. Need was an important and appropriate determinant of access. However, among homeless persons who demonstrated some need for treatment, predisposing and enabling variables were also determinants of whether one accessed treatment, suggesting inequity in the health services system.

**PUBLICATIONS:**

Conference Presentations / Abstracts

1. Sullivan G. Cost of public sector services used by homeless mentally ill adults in Houston. Robert Wood Johnson Clinical Scholars National Meeting. Ft. Lauderdale, FL 2000.
2. Sullivan G. Characterizing the homeless population and their public sector service use. Coalition of Behavioral Health Services and Coalition for the Homeless of Houston/Harris County, Inc. Houston, TX 2000.